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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____ | | |
| CHILD'S NAME: _____ | CASE NUMBER: _____ | |
| <div style="text-align: center;"> JUVENILE DEPENDENCY PETITION (VERSION TWO) (Welf. & Inst. Code, § 300 et seq.) <input type="checkbox"/> § 300—Original <input type="checkbox"/> § 342—Subsequent <input type="checkbox"/> § 387—Supplemental </div> | | RELATED CASES (If any): _____ |

1. Petitioner on information and belief alleges the following:

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| a. The child named below comes within the jurisdiction of the juvenile court under the following subdivisions of section 300 of the Welfare and Institutions Code (check applicable subdivisions for each child; see attachment 1a for concise statements of facts): | |
| b. Child's name Age Date of birth Sex Section 300 subdivisions (check all that apply): 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j </div> <div> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j </div> <div> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j </div> <div> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j </div> <div> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j </div> </div> |
| c. Name: _____ Address: _____ <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown </div> If mother or father (check all that apply): <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged | d. Name: _____ Address: _____ <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown </div> If mother or father (check all that apply): <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged |
| e. Name: _____ Address: _____ <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown </div> If mother or father (check all that apply): <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged | f. Other (state name, address, and relationship to child): <input type="checkbox"/> No known parent or guardian resides within this state. This adult relative lives in this county or is closest to this court. |
| g. Prior to intervention, child resided with <input type="checkbox"/> parent (name): _____ <input type="checkbox"/> parent (name): _____ <input type="checkbox"/> guardian (name): _____ <input type="checkbox"/> other (state name, address and relationship to child): _____ | h. Child is <input type="checkbox"/> not detained <input type="checkbox"/> detained Date and time of detention: _____ Current place of detention (address): _____ <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Relative <input type="checkbox"/> Shelter/foster care <input type="checkbox"/> Other </div> |
| i. <input type="checkbox"/> Child may be a member of, or may be eligible for membership in, a federally recognized Indian tribe. j. <input type="checkbox"/> Child may be of Indian ancestry. | |

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| CHILD'S NAME: _____ | CASE NUMBER: _____ |
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2. Petitioner requests that the court find these allegations to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date: _____

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| _____ (TYPE OR PRINT NAME) |  _____ (SIGNATURE OF PETITIONER) |
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Address and telephone number: _____

☐ Number of pages attached: _____

— NOTICE —

TO PARENT

Your parental rights may be permanently terminated. To protect your rights, you must appear in court and answer this petition.

TO PARENTS OR OTHERS LEGALLY RESPONSIBLE FOR THE SUPPORT OF THE CHILD

You and the estate of your child may be jointly and severally liable for the cost of the care, support, and maintenance of your child in any placement or detention facility, the cost of legal services for you or your child by a public defender or other attorney, and the cost of supervision of your child by order of the juvenile court.